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	Substitute for fo	rm 144	49/PTO	Complete if Known		
	INFORMATION	DISC	LOSURE	Application Number	10/536,834	
	STATEMENT B	Y APF	PLICANT	Filing Date	03/20/2006	
	D		4 0040	First Named Inventor	Steffen GOLETZ, et al.	
	Date Submitted: N	ovem	ber 4, 2010	Art Unit	1643	
	(use as many shee	ets as	necessary)	Examiner Name	Karen A. Canella	
Sheet	1	of	2	Attorney Docket Number	00056-0001-001	

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Examin er Initials*	Cite	Document Number	Publication Date	Name of Patentee or Applicant of	Pages, Columns, Lines Where Relevant Passages or Relevant Figures Appear		
	No.1	Number-Kind Code <sup>2</sup> (# known)	MM-DD-YYYY	Cited Document			
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Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.) date, page(s), volume-issue number(s), publisher, city and/or country where publisher.	T <sup>6</sup>				
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\*EXAMINER: initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not

\*EXAMINE\*: Initial if reference considered, whether or not classon is in conformance with MFEP 660. Drew line through classon if not in conformance and not considered, include copy of the form with next communication to applicant. It Applicant is unique as facilities (optional). See Refine Codes of consideration of the special codes of the spe

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	Substitute for for	m 144	9/PTO	Complete if Known		
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				First Named Inventor	Steffen GOLETZ, et al.	
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Sheet	2	of	2	Attorney Docket Number	00056-0001-001	

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Signature	Considered

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